

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722981

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** CONQUISTADOR CONDOMINIUM V ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 S.E.ST.LUCIE BOULEVARD  
CLUBHOUSE  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

1800 S.E.ST.LUCIE BOULEVARD  
CLUBHOUSE  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 59-1470214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREDERICK, LESLEY  
1800 SE ST LUCE BLVD  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: 2VP ( ) Delete  
Name: EIKENBERRY, JOHN  
Address: 1800 SE ST LUCIE BLVD 5-303  
City-St-Zip: STUART, FL 34996

Title: PD ( ) Delete  
Name: SCHILLING, DIANE  
Address: 1800 SE ST LUCIE BLVD 5-306  
City-St-Zip: STUART, FL 34996

Title: 1VP ( ) Delete  
Name: CONKLING, ANNE RAE  
Address: 1800 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: TD ( ) Delete  
Name: MACKEY, ALICE  
Address: 1800 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete  
Name: GERMAIN, DORIS  
Address: 1800 SE ST LUCIE BLVD #5-203  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: 2VPT (X) Change ( ) Addition  
Name: EIKENBERRY, JOHN  
Address: 1800 SE ST LUCIE BLVD 5-303  
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 1VPS (X) Change ( ) Addition  
Name: CONKLING, ANNE RAE  
Address: 1800 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: D (X) Change ( ) Addition  
Name: MACKEY, ALICE  
Address: 1800 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: D (X) Change ( ) Addition  
Name: HARRELL, MARY  
Address: 1800 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SCHILLING

PD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date